



2009 GOOD WORKS INDIANA **STRENGTHENING FAMILIES GRANTS APPLICATION**

PURPOSE: Good Works Indiana seeks to encourage the full energy of the State of Indiana to enhance the community building work of faith-based organizations, neighborhood associations and other value-shaping institutions – the organizations that are uniquely designed to support families, provide activities for children and strengthen community renewal. Grants will be made through the Good Works Indiana Strengthening Families Fund (GWIN-SFF) to support employment related services for low-income families with children. Suggested services can include: Transportation assistance to employed families, after school care to employed families, outreach related activities, and employment and training services. Grant recipients agree to adhere to TANF (Temporary Aid to Needy Families) per Federal guidelines.

LIMITS: Reimbursable Grants will range from \$5,000 - \$10,000

ELIGIBILITY: Any State of Indiana community-based/faith-based organizations providing services intended to assist low income families in job readiness, job maintenance or enhancement.

APPLICATION DEADLINES: April 15 / June 15 / August 15

**Applications must be postmarked by these dates! Incomplete applications will not be considered.*

AWARDS GRANTED: May / July / September

The first reimbursement allocation will occur after the first **completed report is received. Completed reports must include a summary of the grant project(s), related marketing materials, detailing of significant events, and photos of project activities. All subsequent allocations must be preceded by completed reports.*

The Good Works Indiana Strengthening Families Fund is administered by the Office of Faith-based and Community Initiatives. Please mail **1 copy** of the completed application and attachments to:

The Office of Faith-based and Community Initiatives
302 West Washington Street, RM E012
Indianapolis, IN 46204

For further information or assistance, please call Derek Trovillion at 317-234-4031.



GWIN-SF GRANTS WILL NOT BE AWARDED FOR THE FOLLOWING:

- Applications non-compliant with Federal TANF guidelines
- Individuals applying or having a direct benefit
- Funds used as debt relief
- Medical assistance of any kind
- Programs or activities without logical or direct employment support for low income families
- Cash assistance of any kind - cash, payments, vouchers, or any other form of payment designed to meet a family's on-going basic needs (i.e. for food, clothing, shelter utilities, household goods, personal care needs and general incidental expenses)
- Strictly social events
- Incomplete/Inaccurate applications
- Funds that have no direct impact (i.e. funding part of \$3 million project)
- Salaries
- Administrative costs exclusively
- Physical improvements to property

Note: OFBCI accepts one proposal per organization per quarter. OFBCI awards one grant per year per organization.



Instructions

Please read the application very carefully. You must respond to ALL items on the application. Incomplete applications will not be accepted. In addition to the information requested, please provide brochures, pamphlets, media articles or other materials describing your organization or program. Letters of support from collaborating agency and community leaders also will be accepted.

I. BACKGROUND INFORMATION

County_____

Name of Organization:_____

Contact Person/Title:_____

Address: _____ City_____ State_____

Zip: _____ Telephone:_____ E-MAIL:_____

Is your organization a recipient of an AmeriCorps*State grant? _____

Is your organization a recipient of an Access to Recovery (ATR) grant? _____

****FOR THE FOLLOWING QUESTIONS, PLEASE ANSWER ON ADDITIONAL PAPER:***

QUESTION 1: Please describe your organization's mission, vision, and objectives.

QUESTION 2: How would a \$5,000-\$10,000 micro-grant assist your agency's ability to provide services to TANF eligible families? *(Please be as detailed as necessary and include tangible fund leveraging capabilities).*

QUESTION 3: How many additional families *(as a percentage and actual numbers)* would be served as a result of this micro-grant?

QUESTION 4: How would you sustain your program after an initial micro-grant funding?

QUESTION 5: Please describe your measureable outcomes and plan of evaluation?



GRANT REQUEST

Using the form below provide a detailed line-item budget indicating the specific use of GWIN-SF funds requested and how these funds will be used to support employment related services for low-income working families.

BUDGET

Item	Grantee	GWIN-SF Grant	Other Support	Total

BUDGET JUSTIFICATION

Line Item	Justification

Total Project Cost: _____
 Amount Requested: _____

SIGNATURE: _____



Good Works Indiana Strengthening Families Grant (GWIN-SF) Application Checklist

Submit **ONE MASTER COPY** of your proposal **only** including items 1- 5 **in the order listed**. Check off items provided below. **Please staple this checklist to the top of the master copy.**

1. _____ **1 stapled copy** of the completed application. A complete application includes the background information page, grant request summary (with signature in **blue ink** only), organizational data, program budget, and supporting letters of endorsement.
2. _____ Detailed budget of the described program. Any bids/quotes/estimates (**in writing**) that substantiate your request.
3. _____ Supporting documentation/letters (no more than 3) of endorsement (i.e. letter from the neighborhood association, local congregation, local business, etc.).
4. _____ Articles of Incorporation and/ or By-Laws; IRS ruling if tax exempt.
5. _____ Board list with names/ addresses/ officers.

SUBMIT PROPOSAL TO: Attn: Derek Trovillion
The Office of Faith-based and Community Initiatives
302 West Washington Street, RM E012
Indianapolis, IN 46204